

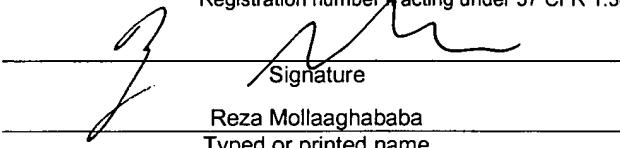


PTO/SB/22 (10-04)

Approved for use through 7/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (fees effective on or after October 1, 2004)		Docket Number (Optional) 105984-0786	
Application Number 09/669,364	Filed September 26, 2000		
For <b>DISTRIBUTED STATISTICAL DATA RETRIEVAL IN A NETWORK DEVICE</b>			
Art Unit 2635	Examiner Y. Dalencourt		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$110.00	\$55.00	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$430.00	\$215.00	\$ 215.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$980.00	\$490.00	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1,530.00	\$765.00	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2,080.00	\$1,040.00	\$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input checked="" type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141449</u> . I have enclosed a duplicate copy of this sheet.			
I am the	<input type="checkbox"/>	applicant/inventor.	
	<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).	
	<input type="checkbox"/>	attorney or agent of record. Registration Number _____	
	<input checked="" type="checkbox"/>	attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>43,810</u> .	
		December 1, 2004 Date	
<u>Reza Mollaaghbabab</u> Typed or printed name		(617) 439-2000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/>	Total of <u>1</u>	forms are submitted.	

<b>Two Month Request for Extension of Time Under 37 CFR 1.136(a)</b>		
I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.		
Dated: December 1, 2004	Signature:	(Reza Mollaaghbabab)

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# FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 215.00)

## Complete if Known

Application Number	09/669,364
Filing Date	September 26, 2000
First Named Inventor	Anne K. Winiewicz
Examiner Name	Y. Dalencourt
Art Unit	2635
Attorney Docket No.	105984-0786

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)		
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	2. EXTRA CLAIM FEES		
<input type="checkbox"/> Deposit Account	<input type="checkbox"/> None		<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Deposit Account Number <b>141449</b>			Each claim over 20	18	9
Deposit Account Name <b>Nutter McCennen &amp; Fish LLP</b>			Each independent claim over 3	88	44
The Director is authorized to: (check all that apply)			Multiple dependent claims	300	150
<input type="checkbox"/> Charge fee(s) indicated below			For Reissues, each claim over 20 and more than in the original patent	18	9
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee			For Reissues, each independent claim more than in the original patent	88	44
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17			Total Claims      Extra Claims      Fee (\$)	Fee Paid (\$)	
<input checked="" type="checkbox"/> Credit any overpayments			- 20 or HP = <u>                </u> x <u>                </u> = <u>                </u>	HP= highest number of total claims paid for, if greater than 20	
To the above-identified deposit account.			Indep. Claims      Extra Claims      Fee (\$)	Fee Paid (\$)	
<input type="checkbox"/> Other (please identify): _____			- 3 or HP = <u>                </u> x <u>                </u> = <u>                </u>	HP= highest number of independent claims paid for, if greater than 3	
FEE CALCULATION					
1. BASIC FILING FEE					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid (\$)</u>		
Utility Filing Fee	790	395	<u>                </u>		
Design Filing Fee	350	175	<u>                </u>		
Plant Filing Fee	550	275	<u>                </u>		
Reissue Filing Fee	790	395	<u>                </u>		
Provisional Filing Fee	160	80	<u>                </u>		
<b>Subtotal (1)</b>	\$ <b>0.00</b>		<b>Subtotal (2)</b>	\$ <b>0.00</b>	
3. OTHER FEES					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee Paid</u>		
1-month extension of time	110	55	<u>                </u>		
2-month extension of time	430	215	<b>215.00</b>		
3-month extension of time	980	490	<u>                </u>		
4-month extension of time	1,530	765	<u>                </u>		
5-month extension of time	2,080	1,040	<u>                </u>		
Information disclosure stmt. Fee	180	180	<u>                </u>		
37 CFR 1.17(q) processing fee	50	50	<u>                </u>		
Non-English specification	130	130	<u>                </u>		
Notice of Appeal	340	170	<u>                </u>		
Filing a brief in support of appeal	340	170	<u>                </u>		
Request for oral hearing	300	150	<u>                </u>		
Other:			<b>Subtotal (3)</b>	\$ <b>215.00</b>	

SUBMITTED BY					
Signature			Registration No. (Attorney/Agent)	43,810	Telephone (617) 439-2000
Name (Print/Type)	Reza Mollaaghbababa		Date	December 1, 2004	

## Fee Transmittal

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 1, 2004

Signature:

(Reza Mollaaghbababa)